

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/830548

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		0		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10	/		/			
11		1		1		
12		1		1		
13		3		1		
14		0		1		
15		0		1		
16		0		1		
17		0		1		
18	/		/			
19		1		1		
20		1		1		
21		3		1		
22		3		1		
23		3		1		
24		3		1		
25	/		/			
26		1		1		
27		2		1		
28		2		1		
29		0		1		
30		0		1		
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TOTAL IND.	4		4			
TOTAL DEP.	41		38			
TOTAL CLAIMS	45		32			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS